

Complaint/Spill Report Montana Dept. of Environmental Quality				Spell Check
PLEASE FILL OUT AS COMPLETELY AS POSSIBLE		Complaint Report? Y <input type="checkbox"/> N <input type="checkbox"/> Spill Report? Y <input type="checkbox"/> N <input type="checkbox"/> Method of Receipt: Phone <input type="checkbox"/> Mail <input type="checkbox"/> Field <input type="checkbox"/> Other <input type="checkbox"/>		
Report Completed By:			Bureau/Program:	
Report Date:		Time:		Phone:
COMPLAINANT INFORMATION		Name:		Phone:
Address:		Zip:	Reply Requested? Y <input type="checkbox"/> N <input type="checkbox"/>	
Other Agencies Contacted by Complainant:			Anonymity Requested? Y <input type="checkbox"/> N <input type="checkbox"/>	
REPORTING INFORMATION		Responsible Party (person or company):		
Mailing Address:				Zip:
Contact Person:				Phone:
Complaint/Spill Location:			Incident County:	
Facility ID:				
Driving Directions:				
Detailed Site: T ____ R ____ Section ____ 1/4Sec. ____ Lat. ____ Long. ____ GIS ____				
DESCRIPTION OF INCIDENT		Date Observed:		Duration of Activity:
Describe Complaint:				
Impact to: Soil <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/> Water Body Name:				
Type and Amount of Pollutant:				
MCA/ARM Violation Citation:				
INITIAL ACTIONS/RECOMMENDATIONS:				
ENFORCEMENT DIVISION USE ONLY		Complaint/Violation ID#:		
Complaint Type:		Assign:	Status:	Referred:
FITS Site Name:			Incident Site Name:	